

**State Water Resources Control Board**

**California Regional Water Quality Control Board, San Diego Region**

**APPLICATION FOR CLEAN WATER ACT SECTION 401  
WATER QUALITY CERTIFICATION**

All applicants must provide a **complete and detailed response to all sections** of the application or the application will be deemed incomplete. Responses should not refer reader to an attachment. Any responses by reference must indicate the specific document(s) name and page number(s) (include a copy of the entire reference document). All sections that do not apply must be indicated by Not Applicable ("NA") and must be accompanied by an explanation of why the project is exempt from the section.

<b>1. APPLICANT/AGENT INFORMATION</b>	
Applicant's Name and Title: <input type="text"/>	Authorized Agent's Name and Title: <input type="text"/>
Applicant's Company Name: <input type="text"/>	Agent's Company Name : <input type="text"/>
Applicant's Company Address: <input type="text"/>	Agent's Company Address: <input type="text"/>
Applicant's Phone: <input type="text"/>	Agent's Phone: <input type="text"/>
Applicant's Fax: <input type="text"/>	Agent's Fax: <input type="text"/>
Applicant's Email: <input type="text"/>	Agent's Email: <input type="text"/>

**STATEMENT OF AUTHORIZATION**

I hereby authorize  to act in my behalf as my agent in the processing of this application, and to furnish upon request, supplemental information in support of this permit application.

\_\_\_\_\_  
Applicant's Signature  
(This **must** be signed by the applicant, **not** the authorized agent.)

Date

**2. PROJECT/ACTIVITY INFORMATION**

**PROJECT NAME OR TITLE**

**LOCATION OF PROJECT** (See instructions.)

Street Address

County  City

Assessor's Parcel Number(s)

Hydrologic Unit, Area, and Subarea

Provide latitude and longitude in decimal degrees for the proposed project.

Latitude  Longitude  (Center Reading)

Latitude  Longitude

Latitude  Longitude

Latitude  Longitude

Latitude  Longitude

**DIRECTIONS TO PROJECT SITE** (See instructions.)

**OWNERSHIP**

Does the applicant own the project site?      Yes        No   

If the project site is not owned by the applicant, provide the name(s), address(es), and phone number(s) for the property owner(s) as well as evidence that the applicant has the necessary approvals to construct the project at this location.

Does the applicant plan on selling all or a portion of the site after receiving the necessary approvals?

Yes        No   

Does the applicant plan on selling all or a portion of the site prior to starting construction?

Yes        No

If yes, provide the name(s), address(es), and phone number(s) of the future land owner(s).

Does the applicant plan on transferring the certification after receiving the necessary approvals and/or prior to starting construction?

Yes  No

If yes, provide the name(s), address(es), and phone number(s) of the future transferee(s).

**AFFECTED WATER BODY(IES)** (See instructions.)

List all affected water body(ies).

List water velocities and shear for the 2, 5, 10, 50, and 100 storm water elevations for each water body.

Are any of the water body(ies) considered isolated per SWANCC or Rapanos? Yes  No

**NEED FOR PROJECT** (See instructions.)

A large, empty rectangular box with a black border, intended for the user to provide details about the need for the project. The box is currently blank.

**DESCRIPTION OF DISCHARGE/ACTIVITY (See instructions.)**

[Empty box for description of discharge/activity]

Has any portion of the work been initiated?    Yes       No  

If yes, describe the initiated work and explain why it was initiated prior to obtaining a permit; indicate whether any enforcement action has been taken against the project.

[Empty box for description of initiated work and enforcement actions]

**AVOIDANCE OF IMPACTS** (See instructions.)

**MINIMIZATION OF IMPACTS** (See instructions.)

**PROTECTION OF WATER QUALITY DURING CONSTRUCTION** (See instructions.)

Blank area for providing details on water quality protection during construction.

**PROTECTION OF WATER QUALITY – POST-CONSTRUCTION** (See instructions.)

Blank area for providing details on water quality protection post-construction.

Will the project convert pervious ground cover to impervious surfaces? Yes  No   
If yes, provide the impervious area created in acres. \_\_\_\_\_

**PROTECTION OF WATER QUALITY – IMPAIRED WATER BODY(IES).** (See instructions.)

Are any of the water body(ies) within the project area, including impacted and preserved water body(ies), list as impaired on the Clean Water Act Section 303(d) list?

Yes  No

Are any of the water body(ies) within the project area a tributary to a Clean Water Act Section 303(d) water body(ies)?

Yes  No

Are any of the water body(ies) within the project area the subject of an adopted Total Maximum Daily Load (TMDL)?

Yes  No

If **yes** to any of the above, provide a detailed description of the actions that will be taken to ensure that the project does not contribute additional pollutants to the water body(ies). Include a discussion of the pollutants causing the impairment, potential sources of pollutants, and construction and post-construction BMPs.

**STATE OR FEDERALLY THREATENED OR ENDANGERED SPECIES IMPACTED BY THIS PROJECT**  
(See instructions.)

Are any state or federally threatened or endangered species potentially impacted by this project?

Yes  No

If yes, provide a list of the potentially impacted species (with common name).



**FILL AND DREDGE INFORMATION** (See instructions.)

Aquatic Resource or Plant Community Type	Impacts (acres)	Impacts (linear ft.)	Impacts (cubic yards)
<b>Permanent Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			
<b>Temporary Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			

Provide an explanation of how waters will be impacted by the project and designate the acres of project impacts considered to be waters of the United States and waters of the State.

Provide the latitude and longitude in decimal degrees for the proposed impacts.

Latitude  Longitude  (Center Reading)

Latitude  Longitude

Latitude  Longitude

Latitude  Longitude

Latitude  Longitude

Does the project involve dredging? Yes  No

If yes, provide the required information (See Instructions.)

Provide the latitude and longitude in decimal degrees of the proposed dredging area.

Latitude  Longitude  (Center Reading)

Latitude  Longitude

Latitude  Longitude

Latitude  Longitude

Latitude  Longitude

**DELINEATION INFORMATION** (See instructions.)

Has the delineation been verified by the U.S. Army Corps? Yes  No

If yes, provide the date of verification.

Does the wetland delineation include the Arid West Region supplement? Yes  No

Provide the name, title, and affiliation of the person delineating the extent of Waters of the U.S. Also provide the date(s) of the wetland delineation.

**3. OTHER LICENSES/PERMITS/AGREEMENTS**

**OTHER APPROVALS** (See instructions.)

Agency	Contact (Include phone number, email)	License/Permit/Agreement	File Number	Date Applied	Status

Does the project require a Federal Energy Regulatory Commission (FERC) license or amendment to a FERC license?

Yes  No

#### 4. COMPENSATORY MITIGATION

Is compensatory mitigation proposed? Yes  No

(See instructions for definitions.)

Aquatic Resource or Plant Community Type	Mitigation for Impacts (acres)	Mitigation for Impacts (linear ft.)	Type of Mitigation <sup>1</sup>
<b>Permanent Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			
<b>Temporary Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			

1. Please list the type of mitigation proposed using the definitions below:

- **Establishment** – The creation of vegetated or unvegetated waters of the United States/State where the resource has never previously existed (e.g. conversion of nonnative grassland to a freshwater marsh).
- **Restoration** – Restoration is divided into two activities, re-establishment and rehabilitation, please select one of the following:
  - **Re-establishment** – The return of natural/historic functions to a site where vegetated or unvegetated waters of the United States/State previously existed (e.g., removal of fill material to restore a drainage).
  - **Rehabilitation** – The improvement of the general suite of functions of degraded vegetated or unvegetated waters of the United States/State (e.g., removal of a heavy infestation or monoculture of exotic plant species from jurisdictional areas and replacing with native species).
- **Enhancement** – The improvement to one or two functions of existing vegetated or unvegetated waters of the United States/State (e.g., removal of small patches of exotic plant species from an area containing predominantly natural plant species).
- **Preservation** – The acquisition and legal protection from future impacts in perpetuity of existing vegetated or unvegetated waters of the United States/State (e.g., conservation easement).

How many acres or linear feet of mitigation area are considered waters of the U.S.?

What is the range of depths to groundwater across the proposed mitigation area?

Is the mitigation site owned by the applicant? Yes  No

If no, provide the name(s), address(es), and phone number(s) of the land owner and evidence (e.g., agreements, contracts, etc.) that the applicant has the necessary approvals to implement mitigation at this location. If the land is to be purchased, provide the expected date that the purchase will be complete.

**Provide the location of the Compensatory Mitigation.**

Street Address

County  City

Assessor's Parcel Number(s)

Hydrologic Unit, Area, and Subarea

Latitude  Longitude  (Center Reading)

Latitude	<input type="text"/>	Longitude	<input type="text"/>
Latitude	<input type="text"/>	Longitude	<input type="text"/>
Latitude	<input type="text"/>	Longitude	<input type="text"/>
Latitude	<input type="text"/>	Longitude	<input type="text"/>

**MITIGATION BANK/IN-LIEU FEE PROGRAM (If proposed, See instructions.)**

Mitigation Bank/In-Lieu Fee Name:

Name of Mitigation Bank/In-Lieu Fee Operator:

Office Address of Operator/Phone Number:

Mitigation Bank/In-Lieu Fee Location: Latitude:  Longitude:

County:  City:

Mitigation Bank/In-Lieu Fee Water Body type(s):

Mitigation Area (acres or linear feet) and cost (dollar):

**5. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

Document Type/Title:

Lead Agency and Contact Information (name, address, phone number):

Name

Address

  

Phone Number

State Clearinghouse Number:

Has the document been certified/approved and/or has a Notice of Exemption been filed?

Yes  No

(If yes, include a copy of the certification. If no, provide the expected approval date and document type.)

Is this project considered an "emergency" pursuant to CEQA? Yes  No

\*Note: Section 401 certification will not be granted without a certified CEQA document.

**6. ADDITIONAL INFORMATION**

**PAST/FUTURE IMPACTS AND CUMULATIVE IMPACTS** (See instructions.)

**7. APPLICATION FEE**

**FILING FEE**

Projects qualifying for a flat fee should remit the flat fee with the application. Application fees are based on the current fee schedule. Additional fees may be assessed based on the extent of impacts and are due before certification. Annual fees may apply after the certification becomes effective. The current fee schedule is at <https://www.waterboards.ca.gov/resources/fees/> and a fee calculator can be found at [https://www.waterboards.ca.gov/water\\_issues/programs/cwa401/](https://www.waterboards.ca.gov/water_issues/programs/cwa401/)

Is check payable to the "State Water Resources Control Board" attached? Yes  No

Check No.  Amount

**8. SIGNATURE**

I hereby certify under penalty of perjury that the information provided in this application and in any attachments are true and accurate to the best of my knowledge. I further certify that I possess the necessary authority to undertake work described in this application.

Applicant's Printed Name

Title

Applicant's Signature

(This **must** be signed by the applicant, **not** the authorized agent)

Date

Attach the appropriate fee and any additional documents and send this printed application to:

California Regional Water Quality Control Board, San Diego Region  
Attn: 401 Water Quality Certification Application  
2375 Northside Drive, Suite 100  
San Diego, CA 92108

**OR**

If preferred can submit this application electronically with copy of sent check and any additional documents to: [SanDiego@waterboards.ca.gov](mailto:SanDiego@waterboards.ca.gov)